## **Application Data Sheet**

Primary Citizenship Country::

Status::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	THERAPEUTIC AND/OR PREVENTIVE
	AGENT FOR DEFECATION
	DYSFUNCTION
Attorney Docket Number::	KAMEI2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor

Japan

Full Capacity

Given Name:: Kenshi

Middle Name::

Family Name:: KAMEI

Name Suffix::

City of Residence:: Gotenba-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of

135, Komakado 1-chome

City of Mailing Address:: Gotenba-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 412-8513

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hirokazu

Middle Name::

Family Name:: SUDO

Name Suffix::

City of Residence:: Gotenba-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of

135, Komakado 1-chome

City of Mailing Address:: Gotenba-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 412-8513

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kenichi

Page #2

Initial 4/25/2005

Middle Name::

Family Name:: OZAKI

Name Suffix::

City of Residence:: Gotenba-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of

135, Komakado 1-chome

City of Mailing Address:: Gotenba-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 412-8513

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Osamu

Middle Name::

Family Name:: CYNSHI

Name Suffix::

City of Residence:: Gotenba-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of

135, Komakado 1-chome

City of Mailing Address:: Gotenba-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 412-8513

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hideki

Middle Name::

Family Name::

SATO

Name Suffix::

 $\mathcal{J}_{i}$ 

City of Residence::

Chuo-ku

State or Province of Residence::

Tokyo

Country of Residence::

Japan

Street of Mailing Address::

c/o Chugai Seiyaku Kabushiki Kaisha of 1-

9, Kyobashi 2-chome

City of Mailing Address::

Chuo-ku

State or Province of Mailing Address::

Tokyo

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing Address::

104-8301

**Correspondence Information** 

Correspondence Customer Number::

001444

Representative Information

Representative Customer Number::

001444

**Domestic Priority Information** 

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application

National Stage of

PCT/JP03/013627

10-24-03

**Foreign Priority Information** 

Country::

Application Number::

Filing Date::

Priority Claimed::

Japan

311284/2002

10-25-02

Yes

**Assignment Information** 

Assignee Name::

Chugai Seiyaku Kabushiki Kaisha

Street of Mailing Address::

5-1, Ukima 5-chome

City of Mailing Address::

Kita-ku

State or Province of Mailing Address::

Tokyo

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing Address::

115-8543